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ABSTRACT

This report summarizes data from 1990 and 1993 surveys on preschool mainstreaming that investigated the prevalence of inclusive programming in early childhood education, whether policy challenges to the inclusion of young children have changed over time, and currently existing challenges. Results indicate: (1) there is a dearth of policy research efforts looking particularly at inclusion policies, their implementation and their effectiveness in meeting desired goals for young children; (2) the policy research that is available points to slow progress in the effectiveness of current policies and systems to advance inclusion for young children, with only about 51 percent of preschoolers with disabilities currently educated in inclusive settings; (3) there were greater challenges to inclusion in people's attitudes and beliefs in 1993 than there were in 1990; (4) the perceived policy barriers did not in fact exist in the 1990 study, only the belief that they did; (5) factors other than policy are reported to be important in advancing inclusion, including knowledge of the effects of inclusion, knowledge and skills of personnel to promote friendships, and children's abilities to manage their own behavior; and (6) the quality of the majority of natural environments is mediocre at best. (Contains 26 references.) (CR)

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The Collaborative Planning Project

Early Childhood Inclusion Policy and Systems:

What Do We Know?

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Early Childhood Inclusion Policy and Systems: What Do We Know?

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There are few instances in the literature specific to early childhood inclusion policy and systems. In 1988, the National Association of State Directors of Special Education (NASDSE, 1988) and the Great Lakes Area Regional Resource Center (GLARRC, 1988) conducted surveys on early childhood inclusion policies. The two studies reported similar policy issues: (1) ambiguities related to fiscal policies that allow inclusive options for young children, i.e., use of public special education funds; (2) a lack of policy related to agency responsibility for assuring program quality in natural (non-school based) settings; (3) ambiguities related to policies ensuring personnel providing special education services in natural settings meet public school standards; and (4) other concerns about meeting state and federal special education mandates in non-school settings that offer inclusive and natural opportunities.

A limited evaluation of the early childhood provisions of the Individuals with Disabilities Education Act (IDEA) is reported annually by the U.S. Department of Education, Office of Special Education Programs, in its Annual Report to Congress on the Implementation of IDEA. There have been twenty such reports to date; the most recent one reports data from the 1996-97 school year (USDOE, 1998). According to that report, it is unclear how many infants and toddlers are served in natural settings other than the home, and it is unclear how many of those are served in the home as a preferred option of the parents. The report states that 53% of infants and toddlers with disabilities were served in their home, 28% in early intervention classrooms, and 10% in outpatient facilities. For preschoolers, 51.6% were served in regular classes (programs designed primarily for nondisabled children), 31% in separate classes, 10% in resource rooms, and 3% in their home.

Researchers in North Carolina reported that 34% of the early childhood programs they studied included children with disabilities (Buysse, Wesley, Bryant & Gardner, 1999). Finally, as McLean and Dunst (1999) point out, most early childhood inclusion policy or systems studies have focused on classrooms to the exclusion of family day care and other community inclusion opportunities.

In 1990 and again in 1993 the Research Institute for Preschool Mainstreaming conducted national policy surveys, the results of which are discussed below. The types of policy barriers studied included: quality assurance policies, fiscal policies, transportation policies, use of private settings, eligibility policies, and

personnel training and standards. Non-policy issues studied were curriculum and attitudes/beliefs (Smith, Salisbury & Rose, 1992; Smith & Rose, 1993). Following are summaries of the data from the two studies as well as additional information collected for purposes of updating those data (Smith & Rapport, in press).

Issues in Inclusion Policies for Preschoolers

A comparison of the data from the two national surveys collected by the Research Institute on Preschool Mainstreaming in 1990 and again in 1993 provides information related to policies and their effects over time. The information represents a sample from various groups directly involved in programs for young children ages 3-5 years with disabilities (e.g., state and local education administrators, child care and Head Start directors, and parents). An examination of the questions and results from the two surveys is contained in Table 1.

Overall, the results indicate a slight increase (+4%) in the amount of preschool mainstreaming/integration that was taking place in 1993 compared with 1990, and fewer people noted a lack of local policy related to preschool mainstreaming/integration. It is difficult to be specific about where the growth in integration might have occurred. These results suggest that more preschool integration was occurring in 1993 along with the existence of more local policies related to integration.

Nearly all barriers to inclusion reportedly declined between 1990 and 1993. However, there was an *increase* (+4%) between 1990 and 1993 in the percent of respondents who indicated there were values or attitudes that serve as barriers. Comments from several respondents in the 1993 survey described these values or attitudes:

- "Regular early childhood educators and administrators often lack both the knowledge and training to serve children with disabilities objectively."
- "A few persons at state and local levels believe that segregated settings are best for preschool children. Therefore, we sometimes see only one setting offered as placements for preschool children."
- "Some programs strongly believe in special education preschool programs."
- "People are still unsure of children with disabilities being with their "normal" child.
- "Concern re: the special needs child requiring too much of the teacher's time, with not enough attention being given to typical students."

It is important to note that these 1993 comments are nearly identical to the comments about values and attitudes that were reported in 1990 (Rose & Smith, 1993). The beliefs could be categorized as those expressing:

Table 1. Challenges To Inclusion – Comparison of 1990 and 1993 Research Institute on Preschool Mainstreaming Survey Data

Question/Issue	1990 results	1993 results	Net change
Is preschool mainstreaming/integration taking place?	Yes-88%	Yes-92%	+ 4%
Is there a lack of local policy related to preschool mainstreaming/integration?	Yes-58%	Yes-46%	-12%
Are there barriers to preschool integration related to **program quality and/or program supervision and accountability policies**?	Yes-33%	Yes-28%	-5%
Are there barriers to preschool integration related to **fiscal or contracting policies, e.g. procedures for funding inclusive settings?**	Yes-47%	Yes-35%	-12%
Are there barriers to preschool integration related to **transportation policies**?	Yes-27%	Yes-23%	-4%
Are there barriers to preschool integration related to policies governing the **use of private agencies/institutions**?	Yes-33%	Yes-30%	-3%
Are there **conflicting eligibility policies** between public schools and providers of integrated services?	Yes-28%	Yes-14%	-14%
Are there practices or policy barriers to preschool integration related to **personnel training and experience**?	Yes-59%	Yes-49%	-10%
Are there barriers to preschool integration related to **curricula or methods**?	Yes-27%	Yes-25%	-2%
Are there **values or attitudes** that serve as barriers to preschool integration?	Yes-58%	Yes-62%	+4%

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a) turf guarding; b) personnel preparation concerns; c) lack of awareness; d) lack of communication/collaboration; and e) beliefs that some children would lose out.

The remaining seven items related to policy barriers all declined in the years between the first and second surveys. The greatest change (-14%) was in the respondents' view of whether there were conflicting eligibility policies between public schools and other providers of service. Many of the policy conflicts noted in 1990 were related to the difference between Head Start eligibility and that of IDEA. The criteria were brought more in line in subsequent amendments to Head Start. Also, in 1990, the Americans with Disabilities Act (ADA) was passed which made it more difficult for child care programs to have discriminatory eligibility requirements. The second largest change was in the reduction of perceived policy barriers related to fiscal or contracting procedures (-12%). The two greatest continuing challenges to preschool inclusion were values/attitudes toward inclusion and issues related to personnel training and experience.

It is important, also, that in the 1990 study, when asked for copies of policies that presented the perceived barrier, respondents later reported that they found that the policy did not, in fact, exist! Rather, the barrier was a misinterpretation of a policy (Smith & Rose, 1993).

There were several new questions included in the 1993 survey. Table 2 summarizes those data. Two of the questions asked respondents whether knowledge of the long-term impact of integration on (a) children with disabilities and (b) those who are typically developing would facilitate the expansion of integrated programs. Eighty-eight percent (for children with disabilities) and 86% (for typically developing children) of the respondents answered that it would make a difference. All of the parent respondents answered affirmatively to this question as well.

Not surprisingly, 65% of respondents said that the possibilities of community-wide integration would improve if children with disabilities could manage their own behavior. And, 79% said that there would be more integrated opportunities if service providers knew how to promote the development of friendships between children with disabilities and their typically developing peers.

Finally, respondents were asked to identify which groups exert the most influence on school district's policies and procedures related to preschool integration. Almost half (41%) said principals and other administrators exert the most influence. This group was the choice of 100% of the parents and 64% of the Head Start directors. While none of the parents thought they exerted the most influence, 37% of the other respondents named parents as the group with the most influence.

Table 2. 1993 Research Institute on Preschool Mainstreaming Survey

Additional Questions/Issues Asked in 1993	1993 Responses
Would it be helpful to know the long-term impact of preschool integration on children with disabilities?	Yes – 88%
Would it be helpful to know the impact of preschool integration on typically developing children?	Yes – 86%
Would options for integration improve if children with disabilities could manage their own behavior?	Yes – 65%
Would there be more integrated opportunities if providers knew how to promote the development of friendships?	Yes – 79%
Which group exerts the most control on school district policies and procedures related to preschool integration?	
*Principals and other administrators	41%
*Parents	37%
*Teachers/direct service personnel	20%
*Others	12%
*The public	7%

To supplement the 1990 and 1993 data, the authors conducted a short survey and one focus group in 1999 asking State Education Agency (SEA) Preschool (Section 619) Coordinators the current status of challenges to inclusive preschool systems and programs in their state. Despite the low response rate to the survey (N=9 or 18%), important trends were noticeable. The states that responded to the 1999 survey and the six participating in the focus group continue to identify similar challenges and barriers that were first identified and discussed in 1990. Among the states, there was variability as to which areas continue to present challenges. Several states indicated that funding policies (e.g., funding for programs for "typically developing children") continue to be a barrier. Other states reported challenges in program standards assuring compliance with the requirement to provide educational programs and related services in the least restrictive environment (LRE) or in natural settings, i.e., accountability in community settings. In addition, there continue to be challenges related to transportation and coordination between programs. In 1993, Smith & Rose (1993 & 1994) reported that many communities had developed effective strategies for addressing policy changes to inclusion. These strategies are shown in Tables 3 and 4 on the next pages.

Table 3. Strategies for Changing Policy Challenges

Program Standards Strategies

- Developing standards and non-public school program approval procedures that are specific to preschool environments: using the approval mechanism available through other state agencies which govern preschool and child care; adopting guidelines for approval that are germane to preschool programs such as the accreditation procedures of the National Academy of Early Childhood Programs of the National Association for the Education of Young Children; and then adding the necessary specifications for meeting the needs of children with disabilities such as The Recommended Practices of the Division for Early Childhood.
- Requiring contracting agencies to sign program quality "assurances" much like those required of the LEA and SEA under Part B, IDEA;
- Developing a list of "indicators of quality" to guide LEAs and parents in making decisions regarding integrated options;
- Developing compliance monitoring systems for program quality to be used for all programs, whether school-based or community-based.

Personnel Standards Strategies

- Ensuring that special education and related services are provided under the supervision of certified special education and related services personnel. These personnel options include itinerant teachers, consultative personnel to the integrated program, and team teaching which couples a special education teacher and a regular education teacher for all services;
- Providing incentives for underqualified teachers to upgrade their credentials to meet SEA requirements at no cost to the teacher;
- Developing state education personnel standards that create new (or recognize other) credentials generic to early childhood settings, i.e., the Child Development Associate, personnel standards of state agencies that govern those sites (e.g., child care licensing);
- Providing in-kind technical assistance and training to community-based preschool providers;
- Providing qualified program personnel in lieu of funding or tuition payments to community programs.

Fiscal: Allocation and Contracting Services

- Establishing state special education funding formulas that provide for combining "fractions" of "units" to equal a full time.
- Developing funding allocation procedures across programs (special education, Chapter I, at-risk, child care, etc.) that allow for combinations of various funding streams to be "blended" in one integrated program;
- Allowing for the actual and adequate payment of tuition in integrated sites, or the provision of services such as personnel, personnel and parent training, transportation, related services, etc. in lieu of tuition payments.

Fiscal: Church/State Strategies

- Developing a list of assurances that programs located in religious facilities sign:
  - The program has a Board of Directors separate from the religious body whose members sign a statement indicating that they make decisions independent of the religious facilities' Board of Directors;
  - The program rents space from the religious facility rather than having the space provided free of charge;
  - The program assures the absence of religious symbols;
  - The program provides an audit trail that ensures separate financing.

Eligibility Strategies

- Schools and Head Start programs work cooperatively in the identification of children who meet LEA criteria or Head Start criteria. For those children who meet only the Head Start criteria, Head Start provides services. For those children who meet both Head Start and LEA criteria, the children are dually enrolled and services are provided by the LEA;
- Co-locating with Chapter I programs or child care alternatives and combining classrooms; team-teaching with special and regular education personnel in Chapter I programs that have children with disabilities integrated; providing personnel who are funded by both programs and meet all necessary personnel requirements.

Transportation Strategies

- Providing flexible transportation schedules and routes that coincide with schedules and locations of integrated sites (Head Start, child care, etc.), including flexibility in crossing district boundaries when transporting to integrated sites;
- Providing for reimbursement to families or others who provide transportation;
- Utilizing the transportation provided by the inclusion site in exchange for other education agency services or resources.

Coordination/Cooperation Strategies

- SEA early childhood staff (general and special education) engage in cooperative planning and activities are sometimes organizationally "housed" together in an Early Childhood Unit in order to promote cooperation. This allows for cooperative planning of program policies across federal programs as well as state programs (i.e., educational "at-risk" preschool programs, Chapter I, special education, etc.)
- LEAs and regional early childhood staff (general and special education) engage in cooperative efforts and are also sometimes "housed" together in a district-level Early Childhood administrative unit to increase cooperation;
- Local school district early childhood staff engage in cooperative activities with integrated programs, i.e., child care, Head Start, etc. such as community program coordination and planning, or share resources such as transportation, training, related services personnel (Smith & Rose, 1993).

From, Smith, B. & Rose, D. (1994) Preschool integration: Recommendations for school administrators. Pittsburgh, PA: The Research Institute on Preschool Mainstreaming. ERIC # ED 374627.

Table 4. Strategies for Changing Attitudes

Turf Strategies

- Placement teams with representation from key players
- Frequent, structured, on-going meetings to discuss attitudes and share team members expertise
- Establish a state and local vision statement that is intended to guide practices
- Enlist the support of someone proficient in facilitation discussions about attitudes (e.g., university personnel, human service providers)

Teacher Preparedness Strategies

- Improved communication and training between and among service systems
- Community service providers should be given the most current information and best practice for children with disabilities
- Make on-going consultation from special education personnel available to community providers
- Early childhood special education has a "family focus" that can be shared with community providers
- Early childhood special educators are expert at individualizing education for children and this expertise can be shared with community providers
- General early education providers have a strong child development background that could benefit special educators
- Joint training conducted by special education and community providers can be used to share each program's expertise
- Parents should be active participants

Awareness Strategies

- Various technical assistance networks put in place for information sharing
- Visit model integration projects
  - Arrange a roundtable discussion of all team members to discuss the challenges and successes that the model program has experienced
  - Allow ample time for participants to meet with their counterparts to discuss their experiences
- Administrators set the tone for integration practices in the school. If the administrator believes that including all children is the right thing to do, attitude and policy barriers will be viewed as challenges rather than barriers. If the administrator does not believe that all children deserve to be educated together, the administrator can potentially create barriers to integration

Communication/Collaboration/Respect Strategies

- Administrators must make a commitment to providing their personnel with the necessary time away from the classroom to collaborate effectively
- Provide common planning time during the school day to allow personnel to have access to one another
- State-wide commitment to integration by developing a philosophy or vision statement by which the State will operate its educational practices related to young children.

"Someone Will Lose" Strategies

- Community providers who feel that they lack the expertise and training to effectively teach children with disabilities must be provided with the necessary training and afforded the opportunity for frequent meetings with special education personnel
- Visit model programs to witness, first hand, a high quality integrated program
- Parents of all children who are reluctant to have their children participate must be respected. Perhaps they could be provided with the awareness materials and research foundation for integration

From, Smith, B. & Rose, D. (1994) Preschool integration: Recommendations for school administrators. Pittsburgh, PA: The Research Institute on Preschool Mainstreaming. ERIC # ED 374627.

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Issues in Inclusion Policies for Infants and Toddlers

There are even fewer reported policy studies related specifically to inclusion for infants and toddlers. Gallagher et al. (1994) describes three general stages in policy evolution: policy development, policy approval, and policy application. With the more recent emphasis in IDEA on the provision of early intervention services in natural environments, many states have had to shift from the policy application stage back to the policy development and policy approval stages in order to incorporate changes necessary for an alternative model of service delivery.

In an effort to generate similar information to that collected from SEA Preschool (Section 619) Coordinators on challenges to inclusive preschool services, a similar survey was sent to state Part C Coordinators. While the response rate of 12% (N=6) makes it difficult to generalize the information, conversations with experts around the country informally validated the survey responses. Many of the challenges to preschool inclusion are also challenges for states in their efforts to provide young children and their families with inclusive early intervention services under Part C., e.g., funding patterns, eligibility policies, personnel standards, attitudes/beliefs, etc. This is particularly troublesome, since we know that children who begin their early childhood careers in segregated settings often continue to be placed in those types of settings (Miller, Strain, McKinley, Heckathorn, & Miller, 1995). Several Part C Coordinators were quick to point out that personnel training is a major barrier to the delivery of appropriate and quality inclusive early intervention services. Also, lack of funding and lack of collaboration across programs impedes the ability of states to overcome the personnel issue. Access to child care programs that are high quality as a "natural environment" is a dilemma for many families and a barrier for programs (Buysse, et. al., 1999; Janko, Schwartz, Sandall, Anderson and Cottam, 1997; Cost, Quality and Child Outcomes Study Team, 1995).

Like the challenges facing preschool inclusion, well entrenched attitudes and beliefs favoring segregated service delivery models are also a substantial barrier to the implementation of early intervention services in natural environments. Changes in state funding models, state policy around service delivery, and the need to provide early intervention in alternative settings, has threatened the existence of many programs designed to provide early intervention in specialized settings. In many states, parents and professionals struggle with changing existing systems from center-based early intervention programs to itinerant special services in natural environments such as the home or child care setting. This decentralization of service delivery poses a number of similar

challenges described above in the preschool issues section and leads to parental and professional concerns and fears.

As service delivery models change, so do the requirements around billing and third party reimbursement. In several states, the use of third party insurance benefits is one of the biggest challenges to overcome in the provision of early intervention services in natural environments. This challenge is particularly significant in states that require utilization of the family's third party benefits. One such challenge or dilemma stems from the discrepancy between health insurance rules requiring physician supervision of services to be reimbursed and the desire to provide services to children and families in settings outside health care facilities where there are no physicians. This stipulation often works in opposition to the IDEA federal requirements of providing early intervention services in natural environments.

Part B of IDEA requires agencies other than education to comply with the legal responsibilities outlined in the law, but Part C does not currently have the same requirement. Such a requirement under Part C might be the impetus necessary to make changes such as allowing Medicaid-eligible infants and toddlers to access services in natural environments using Medicaid resources. Similar regulatory and policy changes may be necessary for private insurers who have stringent limitations on providers, settings, and types and amounts of therapy services. Any contemplated policy change is complicated by the fact that rules governing the implementation of Medicaid and other third party resources vary from state to state. The barriers identified in one state cannot be assumed to exist in another state. Therefore, the mechanism for overcoming such barriers may vary considerably across states as well as between counties or other local governing entities.

Is Public Policy Sufficient for Creating Change?

We have reviewed information on the prevalence of inclusive programming in early childhood, whether the policy challenges to the inclusion of young children have changed over time, and what the existing challenges are. In this discussion, we have noted the following:

- There is a dearth of policy research efforts looking particularly at inclusion policies, their implementation, and effectiveness in meeting desired goals for young children.
- The policy research that is available points to slow progress in the effectiveness of current policies and systems to advance inclusion for young children. While IDEA has required educating children in the least restrictive environment for over twenty years, only about 51% of preschoolers with disabilities are being educated in inclusive settings. One study reported a smaller

percentage of programs that are inclusive than earlier reported (34% vs. over 50%) (Buysee, et. al.). There are still the same perceived policy challenges in the mid-to-late 1990s that there were in the year 1990. There appears to be the same perception that current fiscal and contracting policies limit contracting with or creating normalized settings; personnel preparation does not facilitate individually and developmentally appropriate settings for all children; school's transportation policies limit access to more natural settings; and that ambiguity of program accountability between lead agencies and typical settings remains.

- There were *greater* challenges to inclusion in people's attitudes and beliefs in 1993 than there were in 1990.
- The perceived policy barriers did not in fact exist in the 1990 study – only the belief that they did.
- Factors other than policy are reported to be important in advancing inclusion. These factors include knowledge of the effects of inclusion, knowledge and skills of personnel to promote friendships, and children's abilities to manage their own behavior.
- The quality of the majority of natural environments is mediocre at best.

It appears that current public policy alone may not be sufficient for promoting inclusive practices. However, given that policy establishes goals and determines the use of public resources, it is probably necessary. Indeed, policy could be viewed as the floor of possibilities upon which a structure can be built by actions that change attitudes and beliefs; that promote better understanding among stakeholders including parents, schools, child care providers, health providers, and payers; and that increase resources – both fiscal and human. Policies can facilitate improvements in the non-policy related factors such as personnel skills. For instance, according to McDonnell, et. al. (1997), less than half of the teachers in NAEYC – accredited early childhood community programs that enroll children with disabilities – have the benefit of the support of an early childhood special educator. Also, participation as a member of the IEP team was significantly less for teachers in community programs versus teachers in public schools. The emphasis in IDEA '97 on ensuring necessary special services in typical settings whenever possible, as well as mandating the participation of the regular educator on the IEP team, may address these threats to quality inclusion.

We have also learned that people report other important influences that could promote the practice of inclusion: broader knowledge by all stakeholders about the benefits of inclusion for both children with disabilities and typically developing peers; the ability of children with disabilities to manage their behavior; and recognition that school administrators and parents are perceived as the most important

stakeholders for improving inclusion policies and opportunities.

There have been many recommendations for action that go beyond the realm of policy (Harvey, et. al., 1997; Rose & Smith, 1993; Smith & Rose, 1993; Washington & Andrews, 1998). Training and technical assistance initiatives assist in decreasing and eliminating the barriers associated with personnel preparation and quality programs (Buysse, Wesley, & Boone, in press). These efforts may be a link to moving forward in positive directions as better prepared personnel will be able to provide quality programs and services to meet the needs of all young children in the community. Training and technical assistance has been shown to result in systems change (Rous, Hemmeter & Schuster, 1999). Personnel trained to work with typically developing children can learn new skills associated with adapting to the needs of children with disabilities in their settings. Personnel trained to work with children with disabilities can learn to provide their expertise in the natural environment and to support the teacher. Both groups can learn to work as a team rather than independently (Harvey, et. al , 1997; Rosenkoetter, 1998; Smith, Miller & Bredekamp, 1998). Personnel trained to systematically collect data and reflect on inclusive practices in a university - school research partnership had positive effects on inclusive practices, collaboration and beliefs (Gettinger, Stoiber & Lange, 1999).

We also could begin by taking a look at current, high quality inclusive programs as a resource (Harvey, et. al., 1997; Smith & Rose, 1993). The examples that these programs can share allow us the opportunity to begin to break down some of the barriers and challenges before us. Peer-to-peer consultation (e.g., administrator to administrator, teacher to teacher, parent to parent) allows individuals from successful inclusive environments to give relevant support and advice to their peers attempting the transition to inclusive practices. The respondents to the surveys discussed in this paper said that stakeholders need information on the impact of inclusion. Other strategies reported in the literature include person-to-person dialogue to share information, fears and experiences. These exchanges can allay fears, build trust, and build awareness of successful inclusion efforts. Clearly, there are individuals that do not believe that inclusion is important for young children, who do not know how to accomplish it, or who are afraid of change. These individuals could benefit from strategies that emerge from these exchanges (Janko et al., 1997; Peck, Hayden, Wandschneider, Peterson, & Richarz, 1989; Rose & Smith, 1994; Rose & Smith, 1993; Strong & Sandoval, 1999).

A better understanding among stakeholders about why and how to provide inclusive opportunities can be accomplished through

collaborative planning at the community level. (Smith & Rose, 1993 & 1994; Strain, Smith, & McWilliam, 1996; Washington & Andrews, 1998). Indeed, IDEA '97 (34 C.F.R. § 300.244) contains language encouraging the use of Part B funds (up to 5%) by local school districts to "develop and implement a coordinated services system." Such coordinated service system activities may include coordination around transition of a child from Part C services to Part B services, interagency financial arrangements, and interagency personnel development. These efforts can bring together Head Start, child care, parents, schools and others as appropriate to build together a vision and system of early childhood services and supports for all children. These collaborative efforts can result in better understanding of the various programs, of the needs of families of young children, and of how to meet the diverse needs of all children in the community. These efforts can result in a better and more efficient use of limited resources by promoting sharing and reallocation of space, funds, transportation, personnel training opportunities, etc. And finally, these efforts can result in communication and respect across programs and between programs and families.

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